Case 3:07-cr-01965-E COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. ☐ Addressee Print your name and address on the reverse so that we can return the card to you. Date of Delivery ■ Attach this card to the back of the mailpiece, Counvi or on the front if space permits. D. Is delivery address different from Item 1? ☐ Yes 1. Article Addressed to: ☐ No If YES, enter delivery address below: Rey Ortiz #17246-180 FCT** P.O. Box 5000 3. Seprice Type Oakdale, LA 71463 Certified Mail ☐ Express Mail 307CR1965 PRM Doc #66 mr ☐ Return Receipt for Merchandise Registered ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7010 2780 0000 7366 3576 (Transfer from service label) 102595-02-M-1540 PS Form 3811, February 2004 Domestic Return Receipt

